

***Midlands Holy Family Fund Inc. Application***

P.O. Box 487 Columbia, SC 29202



*Midlands*  
**HOLY  
FAMILY**  
FUND, INC.

P.O. Box 487 Columbia, SC 29202 • 803-252-0606

Thank you for your interest in applying for financial assistance from the Midlands Holy Family Fund.

The Midlands Holy Family Fund is a non-profit corporation formed to assist families in need of temporary financial assistance who do not currently have the proper resources to meet their financial obligations. This corporation pays special attention to those in the Catholic community. The Midlands Holy Family Fund raises money by donations from private citizens.

The Midlands Holy Family Fund requests that you fill out the attached application and mail it to:

**Midlands Holy Family Fund Inc.**  
**P. O. Box 487**  
**Columbia, SC 29202**

Your application will be processed as soon as possible after we receive it and you will be notified by telephone, e-mail or regular mail whether or not you have been approved for financial assistance through the Midlands Holy Family Fund.

Thank you and may God Bless You

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Robert U. Henry  
Secretary of the Midlands Holy Family Fund Inc.

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Name: \_\_\_\_\_

Date:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone # (803) \_\_\_\_\_ Evening Phone #: (803) \_\_\_\_\_

E-mail address: \_\_\_\_\_ Religion (Optional): \_\_\_\_\_

Sex: Male  Female

Marital Status: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Job Status: \_\_\_\_\_

Number of Dependents in your home: \_\_\_\_\_

Are you the Head of the Household: Yes  No  If not, who is ? \_\_\_\_\_

Please List all Dependents in your home: (Space on the back of the page if needed)

NAME	RELATION	AGE	SEX
1.			
2.			
3.			
4.			
5.			
6.			

Please explain your circumstances for applying for temporary assistance from the Midlands Holy Family Fund: \_\_\_\_\_

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Please explain how temporary financial assistance can help you and how much you are requesting: \_\_\_\_\_

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(Please attach any additional information, i.e. letters from Doctors or others which would clarify, document and/or quantify the need. An example would be a quote for a medical procedure).

Have you tried for assistance from other places? No \_\_\_ Yes \_\_\_\_\_. If yes, where and what happened? \_\_\_\_\_

## Monthly Budget

Please document all values in dollars

<i><b>Income</b></i>	<i><b>Expenses</b></i>
<b>Wages:</b>	<b>Rent/Mortgage:</b>
<i>Other:</i> (Please specify)	<b>Electricity:</b>
<i>Other:</i> (Please specify)	<b>Water:</b>
<i>Other:</i> (Please specify)	<b>Phone:</b>
<i>Other:</i> (Please specify)	<b>Food/ Household Items:</b>
<i>Other income can be government help, child support, spouse or family</i>	<b>Car:</b>
	<b>Medical:</b>
	<b>Credit Card/Loans:</b>
	<b>Insurance:</b> (Medical, Car, Life)
	<b>Other:</b> (Please specify)
<b>Total Monthly Income:</b>	<b>Total Monthly Expenses:</b>
\$	\$

I \_\_\_\_\_, have filled out this application to best of my knowledge and  
 ( Print your name)  
 affirm everything here to be true. I also authorize the Midlands Holy Family Fund to verify confidential information concerning my situation with other related organizations if necessary.

Signature

Date